

Technology Sciences Group Inc.

1150 18th Street, N.W.
Washington, DC 20036
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Lisa M. Amadio
Principal Regulatory Consultant



a **science group** company

May 12, 2020

Document Processing Desk (NOTIF)
Attn: Eric Miederhoff, PM31
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
One Potomac Yard, Rm. S4900
2777 S. Crystal Drive
Arlington, VA 22202

ELECTRONIC SUBMISSION

Eric,

Subject: Request for Additional Brand Name for Bio-Protect DP, EPA Reg. No. 87583-5

Technologies Sciences Group, Inc. (TSG) on behalf of PureShield, Inc. is requesting an Additional Brand Name (ABN) for Bio-Protect DP, EPA Reg. No. 87583-5. The ABN requested is BIOPROTECT DP.

The following materials are enclosed in support of this notification:

- An Application Form (EPA Form 8570-1).

If you have any questions regarding this ABN request, please don't hesitate to contact me at 202-828-8998 or lisa.amadio@tsgconsulting.com

Regards,

A handwritten signature in blue ink that reads 'Lisa M. Amadio'.

Lisa M. Amadio
Principal Regulatory Consultant
Agent for PureShield, Inc.

Enclosures

Washington, D.C.

1150 18th St., NW, Suite 1000
Washington, D.C. 20036
Phone: (202) 223-4392

California

980 9th Street, Suite 400
Sacramento, CA 95814
Phone: (530) 601-5010



Canada

275 Slater St., Suite 900
Ottawa, Ontario K1P 5H9
Phone: (613) 247-6285

This Notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statements to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under section 12 and 14 of FIFRA.



Lisa M. Amadio
Principal Regulatory Consultant
Agent for PureShield, Inc.

 Environmental Protection Agency United States Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 87583-5		2. EPA Product Manager Eric Miederhoff	
4. Company/Product (Name) Bio-Protect DP		3. Proposed Classification PM# 31 <input type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) PureShield, Inc. 230 S. Broad St., Suite 1201 Philadelphia, PA 19102 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3 (c) (3) (b) (i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	
Section - II			
<input type="checkbox"/> Amendment - Explain below		<input type="checkbox"/> Final printed labels in response to Agency letter dated _____	
<input type="checkbox"/> Resubmission in response to Agency letter dated _____		<input type="checkbox"/> "Me Too" Application.	
<input checked="" type="checkbox"/> Notification - Explain below.		<input type="checkbox"/> Other - Explain below.	
Explanation: Use additional Page(s) if necessary. (For section I and Section II)			
Request for Additional Brand Name: BIOPROTECT DP			
Contact: Lisa M. Amadio, lisa.amadio@tsgconsulting.com , 202.828.8998			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No * Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Packaging wgt. _____ No. per Container _____	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Package wgt. _____ No. Per Container _____	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	
		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____			
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted if necessary to process this application.)			
Name Lisa M. Amadio		Title Principal Regulatory Consultant	Telephone No. (Include Area Code) 202-828-8998
Certification			6. Date Application Received (Stamped)
I certify that the statements which I have made on this form and all attachments are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			
2. Signature 			
3. Title Principal Regulatory Consultant Agent for PureShield Inc.			
4. Typed Name Lisa M. Amadio		5. Date 5-12-20	